

**Questions & Answers
from Barrier Screening Tool Trainings
April 11, 2003**

1. How should workers complete the Follow-up Summary screen for areas where the individual self-referred him/herself and is in an activity related to it but never had a formal assessment? Example: person is attending counseling related to depression prior to completing the BST, which indicates that a referral for a mental health assessment is needed.

The goal of a formal assessment is for the W-2 agency to have accurate information about a participant's barriers to make appropriate decisions about placement, needed services and accommodations. If the BST indicates that an assessment should be completed and the participant is already seeing a health professional for that condition, then that professional should be consulted with to obtain a formal assessment.

2. In a 2-parent household, what should be done with the DA Screen if the parent placed in the W-2 position is the abuser?

The Domestic Abuse advocates that we've consulted with on this have suggested that if there is an opportunity to share information with an individual about domestic abuse services without the abusers knowledge, the worker should share that information. However, the worker must be careful not to be too intrusive as this could put the victim at risk of further abuse.

3. Because the BST record is so confidential, can the results of one be shared at a Fact Finding? If so, how?

If the results of the BST are relevant to the fact finding, the agency may print off a copy of the results and share them with the fact finder.

4. Which release of information is used to release the results of the BST to the assessing agencies?

The standard release of information currently used by agencies.

5. If a participant discloses a particular item, like Domestic Abuse, s/he is not required to be screened for it. How is this documented? Is an assessment then required based on the self-disclosure?

If a participant self-discloses, mark that screen as Declined to Respond and add a comment that indicates the disclosure. The goal is to help the participant obtain services. The individual should be offered information about shelter and other programs for battered individuals, sexual assault provider services, medical services, sexual assault nurse examiners services, domestic abuse and sexual assault hotlines, legal and medical counseling and advocacy, mental health care, counseling and support groups.

The FEP must talk to the participant about these services and offer a resource list in writing that the participant may take with them. If a participant wishes to receive a referral to counseling or to a supportive service provider, the FEP or other W-2 agency employee must also make a referral to the appropriate local agency.

7. What is the specific policy about what parts of the BST follow a participant who transfers to another office, region, or county?

The most recent screening record must be transferred to the new office. The new office must review the BST results along with the CARES assessment screens and any related case comments in order to make appropriate decisions about the participant's employability plan (i.e., placement, assignment of activities, needed services and accommodations).

8. Will a formal assessment need to be completed for each individual barrier, e.g. AODA and mental health?

If one provider can assess for all of the indicated barriers, then only one formal assessment is needed. If not, then a separate formal assessment is required for each barrier.

9. Why is the BST optional for participants to complete and not mandatory?

The Americans with Disabilities Act of 1990 provides individuals with the right to choose whether or not to disclose a barrier. When agencies are unable to obtain information about a participant's employment barriers as a result of the individual declining to complete the BST or a formal assessment, the W-2 agency must use the best available information to make decisions about W-2 placement and the assignment of activities. If a participant is unwilling to follow-through with the assessment or provide other requested documentation to substantiate a barrier, the agency should proceed with assigning activities without consideration of the barrier.

10. Will future reports track the occurrence of at-risk barriers? How will the data be used?

Our plan is to develop a series of reports that will allow us to capture information about how many individuals are being screened and the prevalence of conditions/disabilities being identified. We plan to link that data with CARES data to find out how many are being referred on for a formal assessment and the types of activities these individuals are being assigned to. Our goal is to have some preliminary reports up and running by September. Our primary objective is to evaluate the effectiveness of the BST. There have been no decisions made about using the data for other purposes.

11. How is DWD working on getting better cooperation between W-2 agencies and medical and other formal assessment providers?

Issues of cooperation need to be worked on both at the local agency and the Department level. W-2 agencies need to be familiar with and develop relationships with assessment resources in the community. FEPs may need to communicate directly with assessing agencies and medical/treatment providers to make the needed connections for participants. We do recognize the frustrations agencies feel when dealing with medical providers. Medicaid cannot always be relied upon to cover the costs of the assessment and/or needed services. We are continuing to look at ways to alleviate these concerns.

12. Can agencies create their own form to use instead of the medical capacity form?

Yes. The form that the agency creates must include at a minimum all of the elements of the standard medical capacity form.

13. Can the BST be administered to the 2nd parent in a 2-parent household?

If the 2nd parent is participating in activities, the agency may offer the BST to that parent but it is not mandatory to do so. If the parents switch and the 2nd parent becomes the parent in the W-2 placement, then it is mandatory to offer the BST to that parent within 30 days of the placement begin date.

14. When will the BST and the agreement be available in Spanish?

Translation of the BST into Spanish and Hmong is currently in progress. There is currently no date for when this process will be completed.

15. Can the agencies create a supplemental leaflet explaining the BST to give to participants prior to reviewing the BST Agreement?

If an agency wishes to develop materials to share with participants in addition to the BST Agreement Form, a draft of the materials should be run by the agency's W-2 Regional Office for approval.

16. If a participant agrees to complete the BST but then does not follow through, how should the agency document that?

The worker should attempt to have the participant write down their wish to decline the BST and sign their name. If the participant refuses to put this in writing, the worker should make appropriate entries in the automated tool to indicate that the participant declined and then document in the comments section of the Follow-up Summary Screen what has transpired.

17. Can the BST be administered over the phone for homebound participants?

No. It is critical for participants to have a face-to-face meeting with the worker while they are completing the BST.

18. Can the BST results be disclosed to a non-assessing third party such as Social Security?

Yes, if the participant signs a release of information.

19. Why is only the most recent screening record transferred when a participant moves?

To maintain confidentiality. The most recent record is considered most relevant to the participant's current situation.

20. If the 30-day timeframe for completing a BST with ongoing participants is set by the date the eligibility review is completed, how will the Milwaukee agencies be able to keep track and meet the deadline? There are times when the SSP does the review earlier than the FEP expects it to be due.

If the review is done prematurely by the SSP and the FEP is unaware that the review has occurred, the new report will alert the agency to the fact that the screening is overdue and must be completed as soon as possible.

Some agencies are also choosing to complete the screening with all of their ongoing participants in the month the BST is implemented so the screening has already been completed by the time of the next review.

21. If the participant requests to redo the BST, can the FEP refuse?

The participant must be offered the opportunity to complete the BST a second time if s/he feels his/her circumstances have changed.

22. How long do FEPs have to determine that the participant is refusing to participate in a formal assessment before making a change in activities and possibly placement? How do they determine that the participant is refusing to participate if the individual doesn't declare that is what s/he is doing?

The worker must use the best available information to make decisions about placement and assignment of activities. Follow-up contact with the assessing agency that the participant was referred to may be necessary to determine if the participant is cooperating with obtaining an assessment.

23. Will people reviewing extensions have access to the BST results?

If the BST results are relevant to the extension request, they should be printed off and shared with the reviewer.

24. If a participant is referred for formal assessment and the results state that there is no medical barrier but the individual's family physician continues to claim that there is a barrier using the medical capacity form, which documentation should the FEP follow?

This needs to be decided on a case by case basis. If the medical capacity form completed by the physician conflicts with the results of another formal assessment, the FEP must make a good faith effort to contact the physician to try and resolve any discrepancies. If the discrepancies between the medical capacity form and the other formal assessment cannot be resolved, the medical capacity form takes precedence and must be followed.